

ADAMS COUNTY HIGHWAY DEPARTMENT
PERMIT TO CONSTRUCT, MAINTAIN OR REPAIR UTILITIES WITHIN
HIGHWAY RIGHT-OF-WAY

Permit Number: _____

Highway: _____

Town-Village-City of: _____

_____ 1/4 of _____ 1/4, Sec. _____

T _____ **N** _____ **R** _____ **E** _____

Return to: Adams County Highway Dept.
1342 CTH F
Adams, WI 53910

Applicant: _____

Address: _____

Office Phone _____

Local Phone _____

Type of Utility Installation _____

Plans Prepared By _____

Utility Location Is: ☐ To Cross Roadway ☐ Parallel to C/L of Road
 ☐ Overhead ☐ Underground

Proposed Method of Installation:

☐ Tunnel ☐ Trench ☐ Open Cut ☐ Suspend on Towers

☐ Jack and Bore ☐ Cased ☐ Suspend on Poles ☐ Plow

Estimated Starting Date _____ **Estimated Restoration Date** _____

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Adams County Utility Policy in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details or notes attached hereto and made a part thereof.

By _____
(Signature of Authorized Representative)

Title _____

Date _____

PERMIT APPROVAL GRANTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Adams County Utility Policy in effect on the date of this application.

Other Special Provisions: _____

By _____
(Signature of Authorized Permitting Authority Representative)

Title _____

Date _____

- ☐ Annual Service Connection Permit Fee: \$100.00 ☐ Inspection Permit Fee: \$50.00 *
- ☐ Permit application and Review Fee: \$25.00 ☐ Open Cut Fee (per cut/opening) \$250.00
- ☐ After the Fact Permit: \$500.00 ☐ Open Cut Bond (per cut/opening): \$5,000.00

*Inspection fee is not required for spraying and trimming permits. **Municipalities waived from all fees; however a permit is still required.

Received of _____

(Authorizing Agent Signature)

White Copy – Applicant

Yellow Copy – Office

Pink Copy – Engineer/Patrol Supt.

ADAMS COUNTY
HIGHWAY DEPARTMENT

COMPLETION CERTIFICATE
(For Utility Permits)

Mail or Fax to Address Listed Below

Date _____

To: **ADAMS COUNTY HIGHWAY DEPARTMENT**
1342 COUNTY ROAD "F"
ADAMS, WI 53910
Attn: **Ron Chamberlain**
Telephone: **(608) 339-3355**
Fax: **(608) 339-4983**

FROM: _____
ADDRESS: _____
CONTACT: _____
FAX: _____
TELEPHONE: _____
PERMIT NUMBER: _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____
Print Name/Title _____

WHITE COPY TO COUNTY

YELLOW TO UTILITY